

**PATENT**  
**Docket No.** 15916-277x

**Applicant:** Jenkins et al.  
**Serial No.:** 10/721,804  
**Filing Date:** November 24, 2003  
**Title:** Loop Structure Including  
Inflatable Therapeutic Device  
**Group Art Unit:** 3739  
**Examiner:** Peffley

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Mail Stop – Issue Fee**

**ISSUE FEE TRANSMITTAL LETTER**

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We enclose a PTOL-85 (Issue Fee Transmittal). A credit card charge authorization in the amount of \$1700 for payment of the issue fee and publication fee is accompanying the filing of this paper. We authorize the Commissioner to charge any additional fees, or credit any overpayment, to our deposit account No. 50-0638.

Please note that the assignee, Scimed Life Systems, Inc., changed its name to Boston Scientific Scimed, Inc. effective January 1, 2005.

Respectfully submitted,

July 12, 2006  
Date

/Craig A. Slavin/  
Craig A. Slavin  
Reg. No. 35,362  
Attorney for Applicant

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Complete and send this form, together with applicable fee(s), to: **Mail**

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21836

7590

05/31/2006

**HENRICKS SLAVIN AND HOLMES LLP  
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/721,804

11/24/2003

Thomas R. Jenkins

015916-277X

6214

TITLE OF INVENTION: LOOP STRUCTURE INCLUDING INFLATABLE THERAPEUTIC DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$1700

08/31/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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PEFFLEY, MICHAEL F

3739

606-049000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

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Henricks, Slavin

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3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**Boston Scientific Scimed, Inc. Maple Grove, MN**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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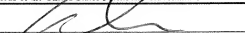
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature



Date July 12, 2006

Typed or printed name Craig A. Slavin

Registration No. 35,362

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